

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



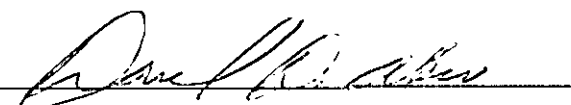
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U <b>10291</b>	2. Fiscal Year Covered From  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>Darel D Aker</b>  P.O. Box, Bldg., Room No., if any  Street <b>1423 NE 2nd Court</b>  City <b>McMinnville</b>  State <b>Oregon</b> ZIP Code + 4 <b>97128-4303</b>	4. Name, file number, and address of labor organization.  Name <b>Joint Council of Teamsters No. 37</b>  Labor Organization File Number <b>036-047</b>  P.O. Box, Building and Room Number, if any  Street <b>1872 NE 162nd Avenue</b>  City <b>Portland</b>  State <b>Oregon</b> ZIP Code + 4 <b>97230-5642</b>
5. Position in labor organization. <b>Former President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <b>08/15/2005</b> Date	<b>503-472-4034</b> Telephone Number

Name of Person Filing Darel Aker	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Western Conference of Teamsters Pension Trst</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2323 Eastlake Avenue East</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98102-3392</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Direct expenditure for and reimbursement of expenses for transportation, lodging, meals and incidental expenses incurred while performing duties and responsibilities as a union trustee in connection to meetings of the trust fund.</p> <p>12.b. Amount. \$167</p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer: any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

# LINE DRIVERS, LOCAL PICKUP AND DELIVERY

## Local Union No. 81

in the City of Portland, Oregon

AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS



1874 N.E. 162nd AVENUE  
PORTLAND, OREGON 97230

Phone (503) 251-2381  
FAX (503) 251-2302

Jeffrey Lee Harum  
Secretary-Treasurer

August 15, 2005

**Certified Mail 7004 2510 0001 2928 3729**

**Return Receipt Requested**

Office of Labor – Management  
U.S. Department of Labor  
200 Constitution Avenue NW, Room N5616  
Washington, DC 20210

RE: 2004 LM-30 Report

Dear Sir:

Enclosed you will find my LM-30 report for year ending 2004.

Very truly yours,

Darel D. Aker  
Former President

HAVE IT DELIVERED